| Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number                                       |  |                                 |                        |                 |                |          |
|---|--|---------------------------------|------------------------|-----------------|----------------|----------|
| Effective on 12/08  | Complete if Known                                  |                                 |                        |                 |                |          |
| Fees pursuant to the Consolidated Approp  | Application Number                                 |                                 | 10/729,083-Conf. #8790 |                 |                |          |
| FEE TRANS   | Filing Date  |                                 | December 4, 2003       |                 |                |          |
| For FY 2009   |  | First Named Inventor            |                        | Woo YOON        |                |          |
| F01 F1 2009   |  | Examiner Name                   |                        | H. Q. Dang      |                |          |
| Applicant claims small entity stat  | Art Unit 2621                                      |                                 |                        |                 |                |          |
| TOTAL AMOUNT OF PAYMENT (\$) 130.00   |  | Attorney Docket No. 1630-0410PL |                        |                 | i1             |          |
| METHOD OF PAYMENT (check all that apply)  |  |                                 |                        |                 |                |          |
| Check Credit Card Money Order None Other (please identify):   |  |                                 |                        |                 |                |          |
| x Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP  |  |                                 |                        |                 |                |          |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  |  |                                 |                        |                 |                |          |
| x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee  |  |                                 |                        |                 |                |          |
| Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17  |  |                                 |                        |                 |                |          |
| FEE CALCULATION   |  |                                 |                        |                 |                |          |
| 1, BASIC FILING, SEARCH, AND EXAMINATION FEES   |  |                                 |                        |                 |                |          |
|   |  |                                 | EXAMIN                 | IATION FEES     |                |          |
| Application Type Fee (\$  | Small Entity ) Fee (\$) Fee (                      | Small Entity                    | Fee (\$)               | Small Entity    | Ease F         | ald (\$) |
| Utility 330   | 165 540  |                                 | 220                    | Fee (\$)<br>110 | rees           | aiu (#)  |
| •   | 110 100  |                                 |                        | 70              |                |          |
|   |  |                                 | 140                    |                 |                |          |
| Plant 220   | 110 330  |                                 | 170                    | 85              |                |          |
| Reissue 330   | 165 540  |                                 | 650                    | 325             |                |          |
| Provisional 220   | 110  | 0                               | 0                      | 0               |                |          |
| 2. EXCESS CLAIM FEES  Small Entity Fee (\$) Fee (\$)  |  |                                 |                        |                 |                |          |
| Fee Description Each claim over 20 (including Reissues)   |  |                                 |                        |                 | Fee (\$)<br>52 | 26       |
| Each independent claim over 3 (including Reissues)  |  |                                 |                        |                 | 220            | 110      |
| Multiple dependent claims 390 195   |  |                                 |                        |                 |                | 195      |
| Total Claims Extra Claim  | ee Paid (\$)                                       | e Paid (\$) Multiple Depen      |                        |                 |                |          |
| 20 -20 =  | Fee (\$)   |                                 |                        | Fee Paid (\$)   |                |          |
| HP = highest number of total claims paid for  | , if greater than 20.                              |                                 | _                      |                 |                |          |
| Indep. Claims Extra Claims  | Claims   |                                 |                        |                 |                | _        |
| 2 - 3 =   | x =  |                                 |                        |                 |                |          |
| HP = highest number of independent claims paid for, if greater than 3.  |  |                                 |                        |                 |                |          |
| 3. APPLICATION SIZE FEE   |  |                                 |                        |                 |                |          |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer   |  |                                 |                        |                 |                |          |
| listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |  |                                 |                        |                 |                |          |
| Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)   |  |                                 |                        |                 |                |          |
| -100 = /50 = (round up to a whole number) x =   |  |                                 |                        |                 |                |          |
| 4. OTHER FEE(S) Fees Paid (\$)  |  |                                 |                        |                 |                |          |
| Non-English Specification, \$130 fee (no small entity discount)   |  |                                 |                        |                 |                |          |
| Other (e.g., late filing surcharge): 1251 Extension for response within first month 130.00  |  |                                 |                        |                 |                |          |
| SUBMITTED BY  | 0 ()   |                                 |                        |                 |                |          |
| Signature Hun   | Registration No. 42,325 Telephone (Attorney/Agent) |                                 | Telephone              | (703) 205-8000  |                |          |
| Name (Print/Type) David A. Bilodeau Date August 17, 2009  |  |                                 |                        |                 |                | 7, 2009  |
|   |  |                                 |                        |                 |                |          |